

L18 ANSWER 1 OF 2 MEDLINE on STN  
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 TITLE: Insufficient remodelling of the uterine connective tissue  
 in women with protracted labour.  
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 Institutet, Danderyd Hospital, Sweden.  
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AB OBJECTIVE--To investigate the association between a slow progress of  
labour and insufficient remodelling of the uterine connective  
 tissue. DESIGN--An open comparative study. SETTING--Danderyd Hospital,  
 Department of Obstetrics and Gynaecology, referral centre.  
 SUBJECTS--Eleven women (study group) in oxytocin augmented labour  
 but with an unripe cervix in whom vaginal delivery could not be  
 accomplished and 12 women (normal labour group) in normally  
 progressing spontaneous labour and a favourable cervix but who  
 needed to be delivered by caesarean section due to signs of fetal  
 distress. INTERVENTIONS--At caesarean section tissue specimens were  
 obtained from the fundus, the isthmus and the cervix uteri. MAIN OUTCOME  
 MEASURES--Collagen concentration and extractability, collagenolytic  
 activity expressed as DNP-peptide hydrolytic activity and the  
 concentrations of sulphated glycosaminoglycans (S-GAG) and  
 hyaluronic acid (HA) in the tissue specimens. RESULTS--Statistically  
 significantly higher concentrations and lower extractability of collagen  
 in the isthmus and the cervix uteri was found in women with slow progress  
 of labour compared with those with normal labour.  
 CONCLUSIONS--An insufficient remodelling of the connective tissue in the  
 cervix and isthmus uteri may contribute to slow progress of labour.

L18 ANSWER 2 OF 2 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on STN  
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 TITLE: Post-partum hemorrhage due to D.I.C. and fibrinolysis.  
 AUTHOR(S): Korin, J. [Reprint author]; Ferro, H. [Reprint author];  
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 author]; Porterie, P. [Reprint author]; Rodrigo, M.  
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 CORPORATE SOURCE: Clinica y Maternidad Suizo Argentina, Buenos Aires,  
 Argentina  
 SOURCE: Blood, (November 16, 2000) Vol. 96, No. 11 Part 2, pp. 85b.  
 print.  
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AB Introduction: Obstetric coagulopathies (OC) are, according to the  
 literature, associated with significant morbidity and mortality, but some  
 of the reports can now be considered outdated. Methods: Retrospective  
 analysis of a clinical series of 36 consecutive women with post-partum  
 life-threatening bleeding in whom DIC or hyperfibrinolysis was diagnosed  
 between 1993-1999. Exclusion criteria: 1) Local causes of bleeding and no

lab signs of consumptive coagulopathy (CC), 2) Hemorrhages due to other hemostatic defects and 3) Blood tests of CC in pts with insignificant bleeding. Results: Mean age: 32.5 years (23-42), mean week of gestation: 36 (3-40). Etiologies: uterine atony 11, abruptio placentae 8, uterine tears 8, placenta accreta 5, dead retained fetus 4, placenta previa 3, post cesarean section 3, protracted labor 1. Clinical signs of unfavorable evolution (CSUE) predetermined by us, were seen in 5/36 pts and included one or more of the following: a) bleeding in multiple sites, shock not due to volume depletion, necrotic purpura, evidence of an altered flow in microvascular beds. Mean values of coagulation tests: PT 34% (0-70%), aPTT 78 sec (40-180), fibrinogen 103 mg/dl (10-420), Factor V 0.36 U/dl (0.1-0.8), Factor VIII 0.62 U/dl (0.07-1.1), platelet (Pl) counts 110,000/mm<sup>3</sup> (10,000-290,000), FDP 301 mg/mL (12-1000). 29 pts were diagnosed as DIC and 7 as secondary hyperfibrinolysis. Therapy included obstetric treatment of the underlying cause, supportive measures to maintain blood volume and replacement of depleted clotting factors (CF). Hysterectomy was performed in 18 pts (50%); all pts were transfused: mean units were: fresh frozen plasma 7.5 (0-29), red cells 8.6 (0-31), P 7 (0-52), cryoprecipitates 8 (0-61). In 3 out of 5 pts with CSUE, heparin (UFH) indicated (7,500 U to 15,000 U by IV infusion) After bleeding arrest, all received UFH 5000 U SQ t.a.d. for DVT prophylaxis. Hyper fibrinolysis was treated with aprotinin: 5 pts, or epsilon aminocaproic acid: 2 pts). Adverse clinical events were: abdominal and pelvic hematomas: 7 (2 of them with Gram + superinfection), acute renal failure (2), ARDS (3), colonic necrosis (1) and sepsis with MOF and death (1). Only one clinical episode of DVT was observed: thrombosis of the ovarian vein extensive to IVC. Mean time to complete recovery of CF was 1 day and of P, 4 days. Overall survival was 97%. Conclusions: Obstetric coagulopathies have a relative good outcome compared to other causes of DIC. Heparin or anti fibrinolytic drugs are indicated in selective patients. According to our results, new therapeutic agents such as ATIII and PC concentrates, or direct antithrombin agents seem probably unworthy in OC.